						Offi	ice Use C	Only	
EMT-Basic Application	I am submitting this application to test at			В	$\prod$	<u> </u>			
The Nation	Name of Facility			City	Date Rec	eived			
of Emerge	ency	name or	-acility		City	Fee Numl	hor		
Medical Te	echnicians	State	on	Data (N	MM/DD/YY)	r ee ruini	<i>)</i> 61		
MEDICAL				Date (IV	IIVI/DD/TT)	Written Ex	kam Date		
Application Date Social	ial Security Numbe	er							
			Have you eve	r applie	ed for NREMT-B r	egistratio	n? (	Yes 🔘	
If you possess current state certification					Current EMT Num Please attach copy of ca				
certification number in the space provide	ed and attach a cop				r lease attach copy of ca			N 41	
Last Name		First N	iame					MI	
Mailing Address							Dragram	Codo	
Mailing Address					Gender		Program	Code	
City	State	Zip Code +	1		○ Male	Date o	f Dirth	] = [	
City	State	Zip Code +	<del>'</del>		O Female				
						=			
APPROVED EMT-B COURSE: Applicant must have completed an approved EMT-Basic Training Program that equals or exceeds the objectives of the National Standard EMT-Basic Curriculum. Attach a copy of your course completion certificate or a copy of your current EMT-B card. If your initial EMT-Basic training program is more than two years old and you hold current state certification as an EMT-Basic, you must document completion of 24 hours of approved EMT-B refresher training within the past two years and attach official documentation to this application.									
Name of initial training institution or a	igency Street Add	aress			City	31	tate	Zip Code	
Initial Course Instructor/Course Coord		C	course Completion	n Date	Cla	ssroom Ho			
Refresher Course Instructor/Course C	Refresher Completion Date Classroom Hou								
	Please indicate the re or will be affiliate				II you be paid for ur services as an	FMT-P?	Ethnic	Origin	
Didn't complete high school	~	-	Sovernment	,, ,	Yes		○ Na	ative Americ	
High school graduate/GED	Ī	Army		O No			Asian		
○ Associate's degree ○ Hospital-Based ○ Navy				Not yet affiliated Black					
Bachelor's degree	3rd-Service	O Canad					_	spanic	
Graduate degree	Other	O Coast	Guard				~ -	hite :her	
Felony Statement	<i>y</i> 011101						0 01		
	been convicted of a	felony			•	-		question, yo	
Yes No Have you ever been subject to limitation, suspension, or termination of your right to practice in a health care occupation or voluntarily surrendered a health care licensure in any state or to an agency authorizing the legal right to work?									
<b>Candidate Statement and Signa</b>	ature: I hereby affire	n and declare t	nat the above in	formatio	n on this applicatio				
fraudulent entry may be considered a sui National Registry of EMTs, and hereby a	,				,				
Emergency Medical Services, or any agency authorizing the legal right to practice.  Applicant Signature									
I further permit the NREMT to release my with the NREMT to the public 30 days fol			gistered)						
EMT-Basic Practical Examination	· · · ·								
This is to verify that on	,					completed	l a state-a	approved	
Date (MM-YY		andidate's Name							
practical examination at		xaminationSite and S							
equal to or exceeding the criteria estab	·	•	•		•	tent in the	following	skills:	
Patient Assessment/Management - Trauma Bag-Valve-Mask (Apneic Patient) Patient Assessment/Management - Medical Spinal Immobilization (Seated or Supine Patient)									
Cardiac Arrest Manager			Random Skill V						
Physician Name (Print or Type)		Agent or Assiss	naa's Nas	ne (Print or Tuno)					
i nysiolan maine (Fillit or Type)		Agent or Assignee's Name (Print or Type)							
Physician Signature		Agent or Assignee's Signature							
License #		Agent or Assignee's Title							

#### Section I: CPR Credential As the candidate's CPR instructor/training officer, I hereby verify the candidate has been examined and performed satisfactorily so as to be deemed competent in each of the following skills: Please submit a copy of your Adult 1 & 2 Rescuer CPR current CPR card and/or ensure Verifying Signature Date Adult Obstructed Airway Maneuvers the appropriate verification Child CPR signatures are affixed to this **CPR Expiration Date** Child Obstructed Airway Maneuvers

## Section II: Statement of Competency in EMT-Basic Skills

	5 5		ing/operations, I verify that ompetent in each of the following skills:	(Candidate's Name)			
	Patient Assessment/Manag Patient Assessment/Manag Cardiac Arrest Managemer Bleeding Control/Shock Ma Bag-Valve-Mask Apneic Pa Supplemental Oxygen Adm Upper Airway Adjuncts and	ement - Medical nt/AED nagement tient ninistration	Mouth-to-Mask with Supplemental Oxyg Spinal Immobilization Supine Patient Spinal Immobilization Seated Patient Long Bone Immobilization Joint Dislocation Immobilization Traction Splinting	en			
Signature:			Date:				
Name (Please Print)							
Title (Please Print)	tle (Please Print) Telephone #						
Character Referen	ce						

#### National Registry EMT-Basic Application Information

### **Entry Requirements:**

Name

Infant CPR

Infant Obstructed Airway Maneuvers

- 1. Successful completion of a state-approved EMT-Basic training program within the past 24 months, that equals or exceeds the behavioral objectives of the EMT-Basic National Standard Curriculum as developed and promulgated by the U.S. Department of Transportation.
- If the candidate's initial EMT-Basic training completion date is beyond 24 months and the candidate has maintained state certification as an EMT-Basic, the candidate must document completion of 24 hours of state-approved EMT-Basic refresher training that meets all objectives of the current EMT-Basic National Standard Refresher Curriculum. Program completion date can be no older than 24 months from the date of testing.
- 3. Current CPR credential verifying competence in the skills listed in the "CPR Credential" section of this application.

Street Address

- The EMT-Basic Practical Examination Verification section of the application must be signed by the Physician Medical Director or the agent or assignee of the physician attesting to the candidates successful completion, within the past 12 months, of a practical examination that meets or exceeds the criteria established by the NREMT.
- 5. Section II: Statement of Competency in EMT-Basic Skills (above) must be signed by the EMT-Basic Training Program Director or the Director of Training/Operations. Applications submitted for each re-examination must also be completed in their entirety and signed in an original fashion.
- Submission of a completed application and official course completion documentation attesting to the above requirements as well as all other published entry requirements of the National Registry of EMTs.
- Submission of the appropriate fee. Registration fee for first time candidates is \$15.00. This fee will increase to \$20.00 effective January 1, 2002. All re-attempts of the examination will require the submission of a \$15.00 registration fee. This fee will increase to \$20.00 effective January 1, 2002.
- Successful completion of the National Registry EMT-Basic written examinations.

# **Checklist for Submitting an Application for the National Registry EMT-Basic Examination Process:**

- 1. Have you, your Physician Medical Director, and/or your training director or service director of training/operations signed the application? Applications submitted for each re-examination must also be completed in their entirety and signed in an original fashion.
- Have you attached a copy of your CPR card which will be current and valid at the time of the examination or has your CPR instructor affixed his or her signature to the appropriate space in the "CPR Credential" section of this application?
- Have you or your program director attached to this application official documentation of successful completion of state-approved EMT-Basic training which meets or exceeds the behavioral objectives of the current EMT-Basic National Standard Curriculum?
- 4. Have you filled in all of the information requested on the application, including the felony statement?
- Have you attached a check or money order in the appropriate amount to this application. All attempts of the written examination require submission of a \$15.00 check or money order. The fee will increase to \$20.00 effective January 1, 2002.
- 6. Be sure to bring an official photo identification (driver's license) and two #2 pencils to the examination site.
- 7. For more information please visit our homepage at http://www.nremt.org or contact us via telephone at (614)888-4484.

Payments or contributions to the NREMT are not deductible as charitable contributions for Federal Income Tax purposes. Payments may be deductible as a business expense. If in doubt, please contact your tax advisor.

City

section of the application

State

Zip Code